

Articles

Survey of Illegal Immigrants Seen in an Emergency Department

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There is growing controversy regarding illegal immigrants and their use of social services, including health care, in this country. We surveyed undocumented persons presenting at our emergency department to investigate the reasons why they sought care in the United States. Overall, 227 visits (8.6%) were made in the emergency department by illegal immigrants, mostly Hispanics. Of 104 patients surveyed, all sought care in this country because they were here at the time, and 86 (83%) intended to remain permanently. Of the 104 persons, 83 (80%) cited lack of funding as a reason for seeking emergency department care. Undocumented Hispanics had a higher uninsured rate (64%) than both Hispanics (32%) and non-Hispanics (30%). Of the 104 patients, 38 (36%) had difficulty obtaining care elsewhere because of their status, 53 (51%) knew of no other sources of care, and 46 (44%) said that even if available, only the emergency department was acceptable. Many undocumented persons seek care in the United States because they reside here permanently, often using this emergency department as their source of care. These findings may be important in light of recent efforts to restrict services for this group.

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The issue of illegal immigrants residing in the United States has generated tremendous controversy. Defined as persons who have entered the United States illegally or violated the terms of their residency status, illegal immigrants number anywhere from 2 to 8 million. Most originate from Mexico or Central America and reside in the Southwest, particularly California.¹⁻⁵

There is a growing perception that these persons place an undue burden on public-supported social services in this country.^{6,7} Many believe that some Mexican citizens cross the border specifically to obtain medical services in the United States.⁷⁻⁹ The media have focused public attention on the high cost of providing health care to illegal immigrants, and there is mounting public sentiment to restrict access to services for this population (G. Cowley, A. Murr, "Good Politics, Bad Medicine," *Newsweek*, December 5, 1995, pp 32-34). California's recently passed Proposition 187, which restricts nonemergency medical care for undocumented noncitizens living in the state, reflects this sentiment.¹⁰ Moreover, the issue of illegal immigrants has become increasingly important in discussions regarding current health care policy.^{11,12}

Previous research indicates that undocumented persons obtain health care in the United States primarily through hospital emergency departments.^{1-3,13-18} To examine this issue further, we surveyed a sample of illegal immigrants seen at a university hospital emergency

department to determine their reasons for seeking medical care in this country.

Patients and Methods

This study was conducted at a university hospital emergency department located 32 km (20 mi) from the United States-Mexico international border. Registration personnel routinely ask all patients to state their ethnicity and current residency status on arrival and to provide some proof of identification. This information is obtained for statistical purposes only. Patients who stated they were either undocumented or a foreign citizen (but not a tourist, visa recipient, or legal resident of this country) were identified as illegal immigrants by retrospective review of data collected during a one-month time period, from February 1 through 28, 1994. The emergency department medical records of these patients were reviewed to determine demographic data, insurance status, use of prehospital care, and acuity and disposition from the emergency department. Data were compared with those of all other patients during the same time period. Statistical analysis of the data was conducted by the χ^2 test to compare categorical variables. A *P* value of less than .05 was considered statistically significant.

We conducted a telephone survey of all undocumented persons identified in the manner described. A bilingual research assistant did the surveys during the one-

four-month period following the patient's emergency department visit. Informed consent was obtained from all participants. For pediatric patients, the parents or legal guardians were surveyed. Patients were asked the following questions: place of origin, country of primary residence, length of residence, and anticipated length of stay in the United States; reasons for seeking care at the university hospital emergency department in this country; knowledge and acceptance of alternative sources of care; and difficulty with access to care in the past.

Results

There were 2,721 patient visits to the emergency department during the month of February 1994. Of these, 2,629 patients (96.6%) had sufficient citizenship and ethnicity data recorded for study purposes. A total of 227 (8.6%) visits were made by patients identified as illegal immigrants (Table 1). Of these, 203 (89.4%) were made by persons of Hispanic ethnicity (Table 2). Hispanics accounted for 841 of all emergency department visits, 24.1% of which were attributable to illegal immigrants (Table 3).

Table 4 shows the age distribution of patients seen in the emergency department. Most undocumented Hispanic patients were in the 10- through 29-year age range. Of note, 36.9% of Hispanic patients with legal residence were younger than 10 years.

About a third of emergency department visits (33.6%) were made by unfunded patients who had no insurance (Table 5). Undocumented Hispanics had a significantly higher rate of unfunded visits than both Hispanic and non-Hispanic legal residents (64.5% versus 32.1% and 30.4%, respectively; $P < .001$; Table 5).

Both undocumented Hispanics and Hispanics with legal residence were significantly less likely than non-Hispanic legal residents to access the prehospital care system and arrive by ambulance (10.3% and 9.0%, respectively, versus 18.3%; $P < .05$; Table 5). Table 6 reflects the acuity of illness or the triage score as determined by the triage nurse on patients' arrival to the emergency department.

The admission rate for undocumented Hispanics was slightly higher than the rate for all emergency department

TABLE 1.—Residency Status of Patients Seen in the Emergency Department February 1 through 28, 1994

Status	Patients	
	No.	(%)
Total registered patient visits studied.....	2,629	(100.0)
Legal residents or citizens.....	2,383	(90.6)
Tourist or visa*.....	10	(0.4)
Amnesty†.....	9	(0.3)
Undocumented.....	227	(8.6)

*Patients who claimed to be foreign citizen tourists or on visas in the United States.
 †Patients who claimed they were granted amnesty under current federal law.

TABLE 2.—Undocumented Patients by Race and Ethnicity

Race or Ethnicity	Patients	
	No.	(%)
Total.....	227	(100.0)
Hispanic.....	203	(89.4)
Asian or Pacific Islander.....	13	(5.7)
Black.....	7	(3.1)
White.....	4	(1.8)

TABLE 3.—Hispanic Patient Emergency Department Visits by Residency Status

Residency Status	Patients	
	No.	(%)
Total patient visits.....	841	(100.0)
Legal residents or citizens.....	632	(75.1)
Undocumented.....	203	(24.1)
Tourist or visa.....	3	(0.4)
Amnesty.....	3	(0.4)

patients (20.2% versus 17.6%, $P > .05$ [not significant]). A similar trend was found when undocumented Hispanics were compared with Hispanics who were legal residents (20.2% versus 15.7%, $P > .05$; Table 5).

Survey Data on Undocumented Hispanic Patients

Overall, 174 undocumented Hispanic patients sought care at the emergency department during the study period (for a total of 203 visits, of which 29 were repeat visits by certain persons). We contacted 104 (60%) of these patients, all of whom consented to the survey. Of the 104 patients, 96 (92%) were from Mexico, and 3 were from Central America. The average length of time living in the United States was 7.9 years, with a median of 6 years.

All 104 respondents sought care in the United States instead of Mexico (or other country of origin) because they were in this country at the time care was needed. At the time of our survey, 99 (95%) were still residing in the United States, and 5 (5%) were residing in Mexico. A total of 90 (86%) said that their primary residence was in the United States, and 86 (83%) planned on remaining here permanently.

When asked to cite reasons for seeking care at the university hospital emergency department, 63 (61%) cited the lack of health insurance coverage. An additional 20 respondents (19%) said that their restricted Medi-Cal benefits required them to seek medical care at an emergency department for coverage (Medi-Cal currently provides coverage for noncitizens that is restricted to prenatal and emergency care only^{9,19,20}). Other reasons included previous care at the hospital (61%), the need for specialized care (57%), the perception that they would receive better care (39%), and the recommendations of others (41%). A total of 38 respondents (36%) had difficulty obtaining care from other outpatient

TABLE 4.—Age of Patients Seen at the University Hospital Emergency Department (n = 2,610) by Residency Status and Ethnicity, No. (%)*

Residency Status and Ethnicity	Total	Age, years						
		0-9	10-19	20-29	30-39	40-49	50-59	≥60
Non-Hispanic legal residents.....	1,751	196 (11.2)	102 (5.8)	331 (18.9)	447 (25.5)	326 (18.6)	166 (9.5)	183 (10.5)
Non-Hispanic undocumented....	24	1 (4.2)	3 (12.5)	5 (20.8)	5 (20.8)	2 (8.3)	3 (12.5)	5 (20.8)
Hispanic legal residents.....	632	233 (36.9)	65 (10.3)	92 (14.6)	110 (17.4)	67 (10.6)	29 (4.6)	36 (5.7)
Hispanic undocumented....	203	19 (9.4)	35 (17.2)	83 (40.9)	34 (16.7)	13 (6.4)	8 (3.9)	11 (5.4)

*Data for patients classified under "Amnesty," "Visa," or "Tourist" not included (n = 19).

sources, including other clinics and hospitals, because of their undocumented status.

Of the 104 patients, 53 (51%) knew of no alternative sources of care. Of those who did know, only 23 (22%) sought care there before presenting at our emergency department: 22 at outpatient clinics in the United States, and 1 in Mexico. Of the respondents, 58 (56%) were willing to seek care at alternative sources if available in the United States, whereas only 11 (11%) were willing to do so in Mexico. Nearly half (44%) said that no source, in or outside the United States, would be an acceptable alternative to the emergency department.

Discussion

Research on illegal immigrants and their use of health care has been problematic. They are often migratory, fearful of detection, and have proved difficult to contact and trace over time.^{3,14} Past studies used different techniques to survey this population. These methods have included random household telephone surveys on both sides of the border^{7,19,20} and direct personal surveys in the field by means of a "snowball" technique whereby researchers were referred to others by those already surveyed.¹⁴ Although partially successful at reaching this population, most reports on illegal immigrants have relied on generalizations and assumptions.^{2,3,9,13}

Current estimates of the undocumented population in San Diego County range from 50,000 to 200,000, or about 9% of the entire county population.³ According to the 1990 census, Hispanics with legal residence account for 20% of the county population and have a lower median income and a higher percentage of families living below the poverty level. A large segment of this population is born outside the United States.²¹

Unlike past studies, we surveyed undocumented patients of Hispanic or Latino ethnicity who admitted their status on registering for emergency department care. Because proof of identification is requested but not required, our method missed persons who misrepresented their true status and may have underestimated the actual number of undocumented patients. Nearly 9% of all visits, however, were made by undocumented persons, which correlates closely with government esti-

mates that 9.3% of all emergency department visits in our county are attributable to this population.³

We were able to survey about 60% of these undocumented persons. Remarkably, every person contacted readily agreed to participate in our study after reassurances that identifying information would be kept confidential. Those who were not contacted had given either an incorrect or no telephone number at registration. Undocumented persons who provided no legitimate means of contacting them may have feared the consequences if such information were known. Others may be homeless, migratory, or simply lack access to a telephone or other means by which they could be contacted.

Differences may exist between the population of illegal immigrants who provided correct telephone numbers and those who did not. Previous studies have established that the undocumented population consists of two groups: "settlers," those who permanently reside in the United States and have established social connections in this country; and "sojourners," who are more migratory, residing on a temporary basis in both countries.^{1,11-13,22} Most persons surveyed had been living in the United States for several years and planned on staying permanently. As a result, our survey may be skewed toward those undocumented immigrants permanently settled in this country.

Many of those surveyed used the emergency department as their primary source of care, as reflected by our high rate of repeat visits. A large number were simply unaware of any other sources of care, with more than 40% stating that no alternative to the emergency department was acceptable. This finding may reflect the socioeconomic condition of this population, as most persons surveyed had no health coverage. Lack of knowledge of how to appropriately access care and language and other cultural factors may also play important roles as barriers to health care.^{2,4,13,26,28}

More than a third of our respondents said they had difficulty accessing care at other sites because of their undocumented status. Previous studies suggest the important role the fear of detection and deportation has in discouraging undocumented persons from obtaining care.^{2,4,13,26,28} In certain localities, legal restrictions limit

TABLE 5.—Admission, Insurance, and Rates of Prehospital Care Ambulance Use for Emergency Department (ED) Patient Visits by Residency Status and Ethnicity, No. (%)

Residency Status and Ethnicity	Total	Admission	No Funding	Ambulance Use
All ED patient visits	2,629*	462 (17.6)	883 (33.6)	403 (15.3)
Non-Hispanic legal residents	1,751	315 (18.0)	533 (30.4)	320 (18.3)
Non-Hispanic undocumented	24	4 (16.7)	6 (25.0)	4 (16.7)
Hispanic legal residents	632	99 (15.7)	203 (32.1)	57 (9.0)
Hispanic undocumented	203	41 (20.2)	131 (64.5)	21 (10.3)

*Data for patients classified under "Amnesty," "Visa," or "Tourist" not included (n = 19).

TABLE 6.—Arrival Triage Acuity Scores for Patients Seen at the University Hospital Emergency Department by Residency Status and Ethnicity, No. (%)

Residency Status and Ethnicity	Total	Triage Acuity Score*			
		Level 1	Level 2	Level 3	Level 4
Non-Hispanic legal residents	1,751	155 (8.8)	808 (46.1)	765 (43.7)	23 (1.3)
Non-Hispanic undocumented	24	4 (16.7)	11 (45.8)	9 (37.5)	0 (0.0)
Hispanic legal residents	632	33 (5.2)	317 (50.2)	278 (44.0)	4 (0.6)
Hispanic undocumented	203	10 (4.9)	98 (48.3)	91 (44.8)	4 (2.0)

*Triage score levels: 1 = immediate: acute illness requiring immediate medical attention with loss of life or function imminent; 2 = emergent: illness requiring attention within 1 hour; 3 = delayed: minor complaints that can be treated in the same day; 4 = nonemergent: minor complaints of chronic nature.

their use of medical services, and providers may attempt to screen for citizenship status.⁴

Our findings have important implications for health care policies directed at undocumented noncitizens. Currently, efforts such as Proposition 187 are underway to deny nonemergency health care for undocumented immigrants as a measure of containing costs.^{6,10} Whereas the cost issue remains the central factor driving the public debate on undocumented persons, other concerns must be addressed when considering such policies.

Our study suggests that many illegal immigrants live in this country on a permanent basis and are unwilling to obtain care outside the United States. This population already uses the emergency department as its main and often sole source of care. Further limiting access of these persons to routine medical services may simply result in shifting more of their care to emergency departments in this country. In addition, the expected cost savings of laws such as Proposition 187 may be lower than anticipated. Denying regular care to undocumented noncitizens may discourage them from seeking medical attention in a timely manner. Such persons may then present to an emergency department with more acute medical conditions that require more costly treatment.

Even if these policies did encourage some undocumented persons who are more migratory to seek care

outside the United States, the ramifications of such laws on the health care of undocumented immigrants permanently settled in this country raise serious ethical and public health concerns. For example, our survey found that most undocumented Hispanics seen in our emergency department were young adults, whereas a large percentage of those with legal residence were young children. This large pediatric population may be a result of children born to undocumented persons in this country. Under policies such as Proposition 187, health care will be available for these children who are US citizens by birth, but denied to their parents living in this country.

In addition, new immigrants and undocumented persons often live in environmental conditions that promote the spread of infectious and communicable diseases such as tuberculosis. This population represents a substantial public health threat to society as a whole if regular care and treatment are not available.^{6,9,28-30}

Goals such as cost containment and universal coverage may never be met unless the undocumented population has been considered. A greater understanding of how these persons access health care and their reasons for doing so in the United States must be explored to address relevant health policy issues. In addition, future studies should examine and focus on specific policies and programs that affect the health and medical care of illegal immigrants living in this country.

Conclusion

A substantial number of illegal immigrants are permanent residents in the United States and have lived here for many years. They seek medical care here because they live in this country, consider the United States their primary residence, and are unwilling to obtain health care outside the United States. For a variety of reasons, many undocumented persons use emergency departments as their main and often only source of health care, including primary and nonemergency care. Policies such as Proposition 187 aimed at decreasing health care expenditures by denying routine and nonemergency medical care to the undocumented population may not be successful. Policy makers must consider the illegal immigrant population when addressing relevant health policy issues.

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